

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/561986 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1				51					
2		1		1				52					
3		1		1				53					
4		3		1				54					
5		8		1				55					
6		8		1				56					
7		0		1				57					
8		0		1				58					
9		0		1				59					
10		1		1				60					
11		0		1				61					
12		0		1				62					
13		0	1					63					
14		0	1					64					
15		0	—					65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
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29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	21	↓		↓		TOTAL IND.		↓		↓	↓
TOTAL DEP.	←	12	←	←	←	←		TOTAL DEP.	←	←	←	←	←
TOTAL CLAIMS		14						TOTAL CLAIMS					